State Elected Officials Financial Disclosure W.S. 9-13-101 through 109

This form can be accessed on the Secretary of State's Website at: http://soswy.state.wy.us/Forms/Ethics/ElectedOfficialsEthicsDisclosureForm.pdf

In accordance with W.S. 9-13-101 - 109, each of the state's five elected officials and each member of the Wyoming legislature shall file a financial disclosure form with the Secretary of State. This includes elected officials and legislators who have not sought re-election but have served in an elected position during the previous filing period.

The financial disclosure form shall contain information current as of January 15th of each year.

As prescribed in W.S. 9-13-108(b), forms may be submitted by electronically by facsimile transmission at (307) 777.7640, or by e-mail to: elections@wyo.gov.

Anyone violating the provisions of the Government Ethics Act is guilty of a misdemeanor punishable upon conviction by a fine of not more than one thousand dollars (\$1,000.00). W.S. 9-13-109(a).

Violation of any provision of the Government Ethics Act constitutes sufficient cause for termination of a public employee's employment or for removal of a public official or public member from his office or position. W.S. 9-13-109(b).

FILING DEADLINE:

January 31st of each year

FILING OFFICE:

Secretary of State's Office - Election Division

2020 Carey Ave., Ste 600 Cheyenne, WY 82002

E-mail: elections@wyo.gov

Fax: (307) 777.7640

RECEIVED

JAN 1 7 2019

WYOMING SECRETARY OF STATE

State Elected Official Financial Disclosure Form

Name of Official: Cathy Connolly				
Name of Official: Cathy Connolly Office Held: Representative:				
Senate District (if applicable):				
House District (if applicable):				
Business Address: 1321 GARFIELD				
Business City, State and Zip: Langmie WY				
Business Phone: (307) 399-048 2				
Home Address: SAA				
Home City, State and Zip:				
Home Phone: ()				

I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

Office Held	Name and Address of Enterprise			
-	st any directorship positions held in business enterprises.			
Name of Enterprise	Address of Enterprise			
Salaried Employment	Name and Address of Entarness			
Job Title	Name and Address of Enterpris			
Molesson	University Wyo			
	Laranie WY - 82071			

II. Sources of Income

(Please use additional sheets as necessary.)

a)	Employment	
	Name of Employer	Address of Employer
	UW	Langene wy
b)	business interest (W.S. 9-13-108 (c) states:	sses of all business entities in which you have a "Name and address of all business entities but 0%) of the entity is owned, or sole proprietorship
	Name of Business Entity	Address of Business Entity
c)	Investments A. Any security or interest earnings	Income Earned Yes
	B. Real estate, leases, royalties	Yes No
d)	Other (describe generally):	
On th	is /6 day of January nation is accurate.	, 2Dig, I affirm that the preceding (ah Constitution of Signature)